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Abstract

Research foundations and problems for counseling in the community are discussed. Research implications are outlined around Sarason's three challenges to community health; (1) extending therapeutic outreach, (2) studying those situations, settings, or forces in the community that set the stage for problems; and (3) efforts toward prevention. Although Sarason's challenges suggest a wide range of research problems, this paper is limited to such things as the process of self referral, accessibility of services, the development of disordered behavior, the transfer of therapeutic learning, situational prescriptions for clients, outcome criteria, and coping behavior. Other areas needing discussion are training, the organization of mental health services, and methodological approaches. (Author/KJ)

# Research Foundations and Problems Regarding Counseling in the Community*

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Since its inception as a division of APA, counseling psychology has maintained its distinctive identity by focusing on "hygiology" i.e., the study of the adjustment problems of normal individuals and the prevention of serious emotional difficulties (Super, 1955). This professional focus has been reaffirmed by counseling psychologists at the 1964 Greyston Conference and more recently in the 1968 Division 17 publication entitled The Counseling Psychologist (Jordaan, et al.). The 1968 statement emphasized the broad professional base of counseling psychology, i.e., to work with normal, convalescent or recovered persons whose problems are neither so severe nor so deep-seated that they require long-term treatment; to focus on helping people to recognize, develop and use the resources which they have within themselves or in their environment; and to encourage the use of therapeutic techniques such as exploratory experiences, environmental experiences, environmental intervention, and community resources. Perhaps most relevant for this symposium was the emphasis placed on the counseling psychologist's role as essentially that of educational, development and preventive rather than medical or remedial.

Despite this broad professional base and counseling psychology's expressed commitment to the community, the life span of the individual and problem prevention, the profession for the most part has been slow to

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fully exploit the wider scope of problems suggested by the division of counseling psychology, namely that of hygiology. The practice of hygiology would necessitate a more systematic study of the adjustment problems of normals and the prevention of serious emotional difficulties. Recent concerns for community psychology, community mental health, and the culturally deprived have alerted us to some neglected facets of our commitment to hygiology. These same concerns have also emphasized the importance of the community as a key variable in the study of individual adjustment. Adjustment problems are neither generated nor resolved in a vacuum, but occur within the situational context of a social unit such as a community. Situational contexts vary in their properties and problem complexity and correspondingly man varies in his capacity to cope with them. The recognition of the importance of studying situational contexts as they relate to individual adjustment is not new to counseling psychologists. Considerable contextual research has been done in the areas of rehabilitation, student ecology, and vocational behavior. Although we have made some headway on this problem my task is to suggest additional areas in which research is needed particularly in reference to the community and/or situational variable. Sarason and his colleagues in their book entitled Psychology in Community Settings comprehensively reflect the research priorities in the field with the following conclusion:

> The challenge to community mental-health programs is not the individual who is willing and able to come for help. The challenge to these programs is threefold: those individuals who need help but cannot or will not take initiative to get it; those situations, settings, or forces in the community that produce or set the stage for the development of problems; and the kinds of actions that can be taken to prevent problems. (Sarason, et al., 1966, p. 647.)

As I reviewed the research needs as suggested by the literature, I found myself returning to their conclusion as a succinct summary since it encompasses most of the current trends, e.g., human ecology, situational adaptation, coping responses, and prevention. Therefore, I plan to discuss the research implications for each of these three challenges. I will not discuss research implications for training since it is being covered by other members of this symposium.

The first challenge deals basically with extending our therapeutic outreach.

A general principle of psychopathology is that the more chronic the maladaptive behavior the poorer the prognosis. How often have we been tempted to chide a client for not having sought help sooner! This is not to suggest that we are capable of "healing all wounds," but that the probability of correcting a maladaptive behavior is greater the earlier it is detected. Too often the plea for help is too late as evidenced by national suicide statistics. These few examples help to emphasize the need for innovations in extending our therapeutic outreach. At least three research problems are suggested by this challenge. The first deals with increasing the individual's capacity for seeking therapeutic intervention. Due to shortages in mental health manpower (Reiff, 1966), it is impossible to expect professionals to provide comprehensive detection coverage, but it is possible to educate citizens to initiate self-referral. Developing an educational program for self-referral could constitute a formidable research task. Many variables would have to be identified and plotted as part of the self-referral process such as the recognition of symptoms, self-appraisal, the motivation to self-refer, the awareness of services,

and implementing the self-referral. A somewhat separate, but related facet of the same process is the study of self-treatment prior to self-referral. Typically, prior to seeking professional help, a client will attempt to diagnose and prescribe his own treatment; on some occasions he is successful on others his failure results in additional problems, e.g., alcohol and drugs. An investigation of "self-treatment" behaviors might prove rewarding not only for extending our therapeutic outreach, but also for studying coping behaviors.

A second problem is that of the public's attitude toward seeking mental health services. Although considerable progress has been made over the past several decades in reducing the stigma associated with mental illness, it is still a deterrent to those seeking therapeutic assistance. Many still equate visiting a counselor with being "crazy." Investigations of society's receptivity for treatment has many intriquing aspects, for example, social class differences, geographic differences, and treatment expectancies. Systematic research on public attitudes should prove fruitful in reducing obstacles to extending our therapeutic outreach.

A third research problem is concerned with the availability and accessibility of services. Traditionally, counseling services have been physically housed in a central agency such as a mental hygiene clinic, counseling center, or community guidance clinic. Over the past few years, the traditional has been questioned and there is a growing trend toward extending the outreach of counseling services in order to have more direct communication and impact within the community. Notable examples of this outreach are half-way houses, suicide prevention centers, mobile

vocational guidance units, and satellite counseling centers in university dormitories. The epitome of this trend is found in Los Angeles where therapy has been brought to the swimming pool. A number of logistical questions such as location, quantity, quality, and type of services need careful scrutiny before we can improve service availability. Research approaches involving demography, systems analysis, and human ecology have been suggested. Kelly (1966) has shown how all three of these approaches can be combined in his article entitled Ecological Constraints on Mental Health Services. Kelly's major thesis is "that there are predictable patterns of individual behavior which are characteristic of any one social situation and that the expressive behavior of individuals changes in a newly defined social structure."

Sarason's second challenge to community mental health programs asks that we give more attention to those situations, settings, or forces in the community that produce or set the stage for the development of problems.

Although reacting to this challenge elicits a myriad of research problems, I will limit my discussion to two problems which I feel are especially relevant to counseling. The first relates to the acquisition of disordered or maladaptive behavior. Ford and Urban (1963) in their book Systems of Psychotherapy: A Comparative Study have observed:

> ...that disordered behavior differs from the normal not so much with respect to the kinds of responses that have been acquired, or with respect to attributes such as intensity, duration, or frequency, but more in terms of the ways in which they have become arranged in relationship to one another and in relation to situational events. It is possible that the disordered person can be characterized as one in whom inappropriate situation-response and response-response relationships have become established. P. 639.

Ford and Urban further point out that in the learning of disordered behavior one generalization can be made:

> The theorists seem agreed that inappropriate learnings are attributable directly to inappropriate conditions of training; this, in turn, is the consequence of the significant teachers who unwittingly or mistakenly train the growing person in undesirable, inappropriate, ineffective patterns of behavior. P. 649.

I believe the research implications from their observations are clear. One is that we need to study more precisely the ways in which faulty interrelationships occur and relate to situational events. Secondly, what kinds of negative training conditions generate and perpetuate disordered behavior which requires the examination of a range of social units, e.g., the family, peer groups, and neighborhood. Smith and Hobbs, (1966) have recommended that community mental health centers should look for ways to reduce the strains and troubles out of which much disorder arises. Thirdly, we have to devise ways of applying what we have learned about the prevention of disordered behavior so that it will have an educational benefit to the public, i.e., a preventive focus.

The second research problem I would like to suggest focuses more specifically on counseling and its relationship to situational adjustment in the community. Critics of counseling and/or psychotherapy often complain that there is a serious behavioral gap between what occurs in the counseling interview and that which occurs in real life situations, and further that the major payoff for counseling is the "transfer of learning" which results in the amelioration of adjustment problems. In other words, what the client has learned in the counseling interview (e.g., insight, coping behaviors, etc.) should show evidence of behavioral modification outside the interview. I think we could greatly increase our service

effectiveness if we devoted more research to this problem, i.e., a closer congruence between behavior "in" and "outside" the counseling interview.

Although I am sure you can think of a number of worthwhile research problems, let me suggest two. The first deals with setting situational treatment prescriptions for the client. If you do not mind the analogy, situational treatment prescriptions are very similar to homework, except in this instance it is homework related to the client's adjustment problems. Harry Stack Sullivan (Ford and Urban, 1963, p. 583) occasionally used this technique to maximize psychotherapeutic transfer effects of behavioral change. The basic idea is to encourage the client to try out his therapeutic learning (prescriptions) in relevant life situations and to report his progress to the counselor. During subsequent interviews, the client and counselor can assess the situational adjustment trials and modify as necessary so that a continuous shaping of adjustment behavior can occur (Wall and Campbell, 1963). For example, a student experiencing distressing test anxiety might be taught situational coping techniques to reduce anxiety such as study skill preparation, breathing methods, pacing, etc. After having tried these techniques, the client reports his progress to the counselor and together they can assess and modify the techniques as necessary. Research on situational treatment prescriptions could focus on the overall process as a technique as well as specific facets such as counseling techniques, client learning, counseling effectiveness, and situational adjustment.

A second research problem which represents a further extension of this same topic, i.e., the transfer of behavior change to life situations has been recommended by Krumboltz, 1968. Krumboltz proposes that "the

outcome criteria of counseling research should be tailored to the behavior changes desired by the clients and counselors involved." He points out that traditional criteria often are not appropriate for assessing the behavioral change sought by the client and that counseling outcome criteria should be individually specified as appropriate for the client. For example, in the case of the client who seeks help in overcoming his insomnia, it would be appropriate to assess his decline of insomnia as a criterion, but not evaluate changes in his self-concept as a criterion.

The relevance of this for community psychology is the value of identifying appropriately "tailored outcome criteria" which reflect specific community and situational adjustment behaviors. As Krumboltz suggests we should exercise care in selecting criteria in that we be certain that the criterion is directly relevant to the desired behavioral change of the client.

The third and final challenge suggested by Sarason, et al. asks for substantial efforts on prevention.

Research innovation on prevention is probably our most crucial challenge since it requires the generation of new information which will potentially forestall the occurrence of maladaptive behavior. Although several of my earlier research suggestions are relevant under this challenge, e.g., self-referral, extending our therapeutic outreach, and the study of the development of maladaptive behavior, I would like to add two others. The first is concerned with a systematic study of adjustment problems. In the introduction to this paper, I reminded you of counseling psychology's focus, much of which deals with the adjustment problems of normals and

the prevention of serious emotional difficulties. One approach to fulfilling this professional commitment is to more intensively and comprehensively study the nature of problems for this population. Although we know a little about a few problems such as the adjustment problems of college students and the problems of vocational development, we are a long way from having a good understanding of problems typically encountered by normals in our society. These might include, for example, problems associated with occupational mobility, courtship, community adaptation, migration, retirement, and leisure. Examining these problems from an ecological approach might prove fruitful in that researchers could attempt to develop a descriptive taxonomy embracing developmental sequences, the conditions under which problems occur, and intervention strategies to facilitate adjustment.

My notion of a systematic study of adjustment problems overlaps in part with Blocher's proposed three dimensional framework for client diagnosis which consists of (1) a life stage or time dimension; (2) a life space or psychosocial dimension; and (3) a life style or effectiveness of coping dimension. Although Blocher's framework is primarily intended to serve as a counseling diagnostic scheme, it could easily be adapted as a scheme for systematically studying adjustment problems. In other words, using a three dimensional framework, it is conceivable to chart a matrix of problems in terms of their (1) life stage (developmental); (2) life space (ecological); and (3) life style (coping). Ultimately, the matrix would provide a base of knowledge for impacting upon prevention strategies.

My second research suggestion for prevention closely relates to the first and deals with coping behavior. Increasing attention is being

given to the study of psychological stress, coping, and adaptive behavior. Many see coping behavior as the key to prevention. Dörken (1966) recommends that psychologists direct their attention to the capacity of individuals for adaptation and adjustment rather than a preoccupation with diagnosis and pathology. Beatty (1966) proposes that we establish an applied branch of experimental psychology focused on "mentally healthy learning" which would be geared toward effective functioning of the individual. He sees learning to cope as one of the critical elements of "mentally healthy learning." A number of experimental and applied psychologists have responded to Beatty's plea. Lazarus (1966) has done an excellent job of reviewing and synthesizing the experimental research on psychological stress and the coping process, and more recently Appley and Trumbull (1967) have edited a book entitled Psychological Stress.

Lazarus aptly sums up the research needs on the coping process by stating that he believes:

> "...research on the conditions that determine the coping process and the observed patterns of stress reaction would proceed faster and more fruitfully if we sought to conceptualize the appraisals involved in each type of coping, if we ceased to fear phenomenological terms and concepts and used them to the fullest extent to locate the empirical conditions accounting for varieties of stress reaction." P. 169.

In an applied research vein, Kelly (1966) and his colleagues have been conducting a series of studies of individual variations in coping performance in contrasting types of social environments. As an initial study, they are investigating the coping styles of students to varied high school environments. Kelly reminds us that the relevance of research is not only to contribute basic knowledge about relationships between social structures and individual effectiveness but to establish a theoretical basis for deducing preventive services.

Summary

In summary, my task was to discuss research foundations and problems for counseling in the community. I elected to do this by outlining the research implications of Sarason's three challenges to community mental health, i.e., (1) extending our therapeutic outreach; (2) studying those situations, settings, or forces in the community that set the stage for problems; and (3) efforts toward prevention. Although Sarason's challenges suggest a wide spectrum of research problems, due to time limitations, I restricted my list to research on such things as the process of self-referral, accessibility of services, the development of disordered behavior, the transfer of therapeutic learning, situational prescriptions for clients, outcome criteria, and coping behavior. I regret that time did not permit discussing other research issues such as training, the organization of mental health services, and methodological approaches, but hopefully some of these will be covered by other members of the symposium.

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